

JANE DEE HULL
Governor



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ARIZONA DEPARTMENT OF INSURANCE

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CERTIFICATION OF QUALIFIED ACTUARY

(To accompany Actuarial memorandum required for rate filings under Arizona Administrative Code R20-6-607, R20-6-1011 or R20-6-1110. Please refer to Rate Filing Instructions, Rev. 11/00 for additional instructions.)

COMPANY NAME _____ NAIC # _____

Name of policy form, rider, endorsement and form numbers: _____

Name of Qualified Actuary submitting memorandum (if different than company, include address and phone number): _____

1. Is this a rate submission to accompany a newly filed form? _____
If "No", when was this form first issued? _____
2. Is this a rate revision? _____ If so, when was the last rate submission for this form filed and approved in Arizona? _____ Rate revisions must include both Arizona and national experience for the most recent five years, as well as national earned premium on the current Arizona rate basis, not including the rate change accompanying this request, for at least the past six calendar years.
3. a. This rate revision will apply to:
_____ New business only
_____ In force business only
_____ Both
b. Number of Arizona policies in force _____ Number of nationwide policies in force _____
c. What is the proposed effective date for this revision? _____
d. What is the average rate increase requested for this revision? _____ %
4. The Renewability of this form is: ___ Non-Can. ___ Guar. Renewable, ___ Cond. Renewable, ___ Optionally Renewable.
5. The anticipated loss ratio standard required by A.A.C. R20-6-607, R20-6-1011 or R20-6-1110 for this type of coverage and form is _____ %.
6. The anticipated loss ratio based on the rates proposed under this rate submission is _____ %.
7. The basis upon which the proposed rates were determined and the calculation of the anticipated loss ratio is as follows: (Include the Actuarial Memorandum required under A.A.C. R20-6-607 as a supplemental exhibit.)
8. I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of Arizona, including A.A.C. R20-6-607, R20-6-1011 and R20-6-1110; that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage; that the benefits of the policy form affected by the rate filing are reasonable in relation to the premiums charged.

Date

Signature of Qualified Actuary (rubber stamp, copy or facsimile **NOT ACCEPTED**)